LIF0000 14526

(Re	equestor's Name)	
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SECRETARION TALLAHASSEE, FLORIDA

COVER LETTER

		ration Section of Corpo			
CUD IPA		-	nbing and Heating LLC		
SUBJEC	J1:		Name of Limi	ited Liability Company	
The encl	osed Aı	ticles of Ar	mendment and fee(s) are subi	mitted for filing.	
Please re	eturn all	correspond	lence concerning this matter	to the following:	
			joe baudendistel	·	
			<u> </u>	Name of Person	
SUBJECT: The enclose Please retur For further if joe baudend			same		
				Firm/Company	
			po box 33366		
				Address	
			pensacola, fl 32508		
				City/State and Zip Code	
			bradleyplumbingpensacola@		
			E-mail address: (t	to be used for future annual report	notification)
For furth	er infor	mation con	cerning this matter, please ca	all:	
joe baud	lendiste	1		850 723-7225 at ()	
	·	Name of P	erson	Area Code Day	rtime Telephone Number
Enclosed	l is a ch	eck for the	following amount:		
\$25.0	00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

East Bay Plumbing and Heating LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L18000014526	Company were filed on 01/16/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		TAT SE
(Principal office address MUST BE A STREET ADDR	RESS)	T AR
		B 77
		SEE
Enter new mailing address, if applicable:		2 7
(Mailing address MAY BE A POST OFFICE BOX)		7 97 97
		3 Pri
B. If amending the registered agent and/or registered agent and/or the new registered office addr		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Todd Demarest	568 Coker Ln, Pensacola, Fl 32505	
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			☐ Change
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fect	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to (SOS 020	07 (3
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be l	isted a	is th
cun	ent's effective date on the Department of State's records.		
re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	rlier (of:
	90th day after the record is filed.		
ited	Feb 14, ZelB. Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00